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FIFTH YEAR — N° 49

International Review of the Red Cross



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GENEVA
INTERNATIONAL COMMITTEE OF THE RED CROSS
FOUNDED IN 1863

INTERNATIONAL COMMITTEE OF THE RED CROSS

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INTERNATIONAL REVIEW OF THE RED CROSS

FIFTH YEAR — No. 49

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FRENCH EDITION OF THE REVIEW

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical with the English edition and may be obtained under the same conditions.

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SUPPLEMENTS TO THE REVIEW

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SPANISH

Juventud : Garantía del porvenir de la Cruz Roja. — Fondo de la Imperatriz Shôken (Cuadragésima cuarta distribución de las rentas). — Aspectos de la Cruz Roja en América Latina (J. Gomez Ruiz). — Un concurso sobre los Convenios de Ginebra.

GERMAN

Die Jugend : Unterpfand der Zukunft des Roten Kreuzes. — Aspekte des Roten Kreuzes in Lateinamerika (J. Gomez Ruiz). — Wettbewerb über die Genfer Abkommen.

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The International Committee of the Red Cross only undertakes responsibility for material under its own signature.

Dissemination of the Geneva Conventions among medical personnel ¹

I. THE GENEVA CONVENTIONS AND MILITARY AND CIVILIAN NURSING PERSONNEL

Medical assistance to wounded and sick in time of war has become inconceivable without the protection of humanitarian law.

It is to the great credit of the Red Cross founders and the members of the 1864 Diplomatic Conference that they immediately recognised the need not only to ensure care for the wounded but also to protect them by humanitarian law. This was codified in the Geneva Convention of August 22nd, 1864, for the amelioration of the condition of the wounded in the armed forces in the field.

These privileges were later extended to other classes of war victims hors de combat. Moreover, the medical personnel itself is requested to ascertain that the Geneva Conventions are strictly observed, both by military and civilian wounded and sick, in the field, at sea, in medical aircraft, in a country occupied by the enemy, in a zone of military operations, or in prisoner of war camps. In a word, they are to be applied in all situations resulting from an armed conflict.

The relevant Articles of the four Geneva Conventions of 1949 specify the rights and duties of medical personnel and chaplains, in all circumstances. Obviously, a rule can be applied only if it is correctly known, especially by those directly concerned, such as medical personnel.

¹ Report to be submitted by the International Committee of the Red Cross to the XXth International Conference of the Red Cross.

DISSEMINATION OF THE GENEVA CONVENTIONS

Ignorance of a penal code does not exempt an offender from punishment. He has to bear the consequences of this. It would be a great deal more serious if the responsible personnel were not familiar with the Geneva Conventions, because all those entrusted to its care would also suffer. Ignorance in this case would constitute an offence through negligence, unworthy of the men and women who devote themselves to so fine a task as nursing and healing. It is therefore essential to arrange for systematic and appropriate diffusion of the Geneva Conventions among them. Who is responsible for this ?

II. DISSEMINATION OF THE 1949 GENEVA CONVENTIONS AND THE OBLIGATIONS OF GOVERNMENTS

The parties to the Conventions also assume responsibility for disseminating these humanitarian texts in articles with almost identical wording except that the individuals who should receive particularly thorough training owing to their functions, are mentioned in each case. We believe the clearest method is to quote the text of Article 47 of the First Geneva Convention of 1949 together with the relevant commentary by the ICRC.¹

DISSEMINATION OF THE CONVENTION ²

Article 47

The High Contracting Parties undertake, in time of peace as in time of war, to disseminate the text of the present Convention as widely as possible in their respective countries, and, in particular, to include the study thereof in their programmes of military and, if possible, civil instruction, so that the principles thereof may become known to the entire population, in particular to the armed fighting forces, the medical personnel and the chaplains.

¹ The Geneva Conventions of August 12th 1949, **Commentary** published under the general editorship of Jean S. Pictet, Director for General Affairs of the International Committee of the Red Cross; I—Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field. Published by the ICRC, Geneva, 1952, 466 p.

² Article common to all four Conventions. Cf. Second Convention, Article 48; Third Convention, Article 127; Fourth Convention, Article 144.

DISSEMINATION OF THE GENEVA CONVENTIONS

COMMENTARY:

In subscribing to Article 1 the Powers undertook to respect and to ensure respect for the Convention in all circumstances. But a knowledge of law is an essential condition for its effective application. One of the worst enemies of the Geneva Conventions is ignorance.

It was important, therefore, that the Contracting Parties should be required to disseminate the text of the Conventions as widely as possible in their respective countries. This is the purpose of Article 47 which originated in a provision of the 1906 Convention (Article 26); this provision was reproduced in 1929, and was amplified and made more specific during the last revision of the text.

The obligation imposed on States under Article 47 is general and absolute. It has to be complied with both in time of peace and in time of war. Two specific measures are to be taken—namely, military instruction and civil instruction, on both of which the Conventions lays special emphasis.

The very first essential is that the Conventions should be known by those who will be called upon to apply them—by those who may have to account for their failure to do so before the courts, but may, on the other hand, reap the benefits of them in certain eventualities. The study of the Conventions should accordingly find a place in the training programmes of the whole of the armed forces, the instruction given being adapted to the rank of those for whom it is intended. It may be sufficient to teach recruits and members of the rank and file the guiding principles—namely, protection of the wounded and of medical units and personnel, and respect for the distinctive emblem. On the other hand, Commanding Officers must have a very thorough knowledge of the Conventions. Refresher courses in the essential elements of the instruction given should be held on mobilization, so as to implant a knowledge of the Conventions firmly in the minds of the troops called up.

In certain countries the essential provisions of the Conventions are printed in the Army Book of every member of the armed forces. This arrangement should be general.¹

¹ In 1951 the International Committee of the Red Cross arranged for the publication of a short summary of the Geneva Conventions of 1949 for the use of military personnel and of the general public, in the form of a booklet issued in French, English and Spanish.

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Article 47 expressly mentions two classes of persons other than combatants, who require special instruction—namely, medical personnel and chaplains. As these persons have rights under the Conventions, they ought to make a special point of scrupulously observing the corresponding duties which the Conventions impose on them.

It is also necessary to disseminate the Conventions widely amongst the civilian population; for civilians are concerned in certain of their provisions¹. Moreover it is from among civilians that the armed forces are recruited. But there is a further consideration: man should be made familiar from childhood with the great principles of humanity and civilization, so that they may become deeply rooted in his consciousness.

Here again, therefore, in the case of civilians, provision is made for the inclusion of the study of the Conventions in programmes of instruction.

The provision is, however, qualified by the words “if possible”, not because the Diplomatic Conference of 1949 thought civilian instruction any less imperative than military instruction, but because education comes under the provincial authorities in certain countries with federal constitutions, and not under the central Government. Constitutional scruples, the propriety of which is open to question, led some delegations to safeguard the freedom of provincial decisions.²

Everyone, whether military or civilian, should have a good knowledge of the Conventions, and should themselves be imbued with the sentiments of which it is so profound an expression. That is the best means of guaranteeing that the Conventions will be respected. No stone should be left unturned in the pursuit of so all-important an aim. The States, to whom the fulfilment of the practical tasks which that aim imposes presents few difficulties, will assuredly be alive to their duty in this respect.

Widespread dissemination of the Geneva Conventions will not merely facilitate their application in time of war. It will also spread

¹ e.g. Articles 13, 18, 22, 26, 27, 35 and 44.

² See Final Record of the Diplomatic Conference of Geneva, 1949, Vol. II-B, pages 70 and 112.

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the principles of humanity, and thus help to develop a spirit of peace among the nations.

While it is encouraging to observe that nearly all the States have signed and ratified or acceded to the 1949 Conventions, we must admit that their dissemination is making very slowly headway. The ICRC can only repeat that it is at the entire disposal of all who request its assistance or advice in order to effect this satisfactorily.

III. DISSEMINATION OF THE GENEVA CONVENTIONS BY THE NATIONAL SOCIETIES OF THE RED CROSS, AS AUXILIARIES TO THE PUBLIC AUTHORITIES.

When the XVIIth International Conference of the Red Cross (Stockholm, 1948) approved the conditions for the recognition of National Red Cross Societies, it defined their role as follows:

“ ... as a Voluntary Aid Society, auxiliary to the public authorities, in particular in the sense of Article 10¹ of the Geneva Convention of 1929, in States which do not maintain armed forces, as a Voluntary Aid Society auxiliary to the public authorities and acting for the benefit of the civilian population...”

This Conference also dealt with the dissemination of the Geneva Conventions and adopted the following Resolution²:

“ The XVIIth International Red Cross Conference recommends that, in time of peace, National Societies ensure that instruction be given to all auxiliary medical personnel liable to be placed under the protection of the Red Cross emblem, regarding the Articles of the Geneva Conventions and regarding their rights and obligations in time of war.

recommends that, in time of emergency, National Societies ensure that renewed detailed instructions be given to such

¹ Geneva Convention of 1929, I, Article 10—“ The personnel of Voluntary Aid Societies, duly recognised and authorised by their Government, who may be employed on the same duties as those of the personnel mentioned in the first paragraph of Article 9, are placed on the same footing as the personnel contemplated in that paragraph, provided that the personnel of such societies is subject to military law and regulations.”

² Resolution No. LII, Paras. 3 and 4.

DISSEMINATION OF THE GENEVA CONVENTIONS

personnel regarding the provisions of the Conventions which concern them and the clauses of their respective national legislation applicable to them in time of war.”

It is in the interest of the National Societies to propagate the ideals and principles of the Red Cross in their countries and to disseminate the 1949 Geneva Conventions. These guarantee the application of humanitarian principles in all places at all times, thereby leading to a clear understanding between individuals and peoples.

We have seen that Governments assume the *legal responsibility* for disseminating the Geneva Conventions, but the National Societies also have a *moral responsibility* in this respect. States can supply the financial and technical means for that purpose. They can require their military and civilian instruction to teach the contents of these Conventions. No one, however, could be more qualified to provide a living demonstration of their very essence than the Red Cross. This is where excellent cooperation between the Governments and the National Red Cross Societies is to be witnessed.

IV. COOPERATION BETWEEN THE RED CROSS AND NURSING ASSOCIATIONS, FOR THE DISSEMINATION OF THE GENEVA CONVENTIONS

1) General

Most countries have not only a National Red Cross Society, but also a National Association of Professional Nurses. Some sixty of these Associations are members of the International Council of Nurses (ICN). The “International Committee of Roman Catholic Nurses and Medical Social Workers” also has associations in some forty countries. This Committee and the ICN belong to the UN non-governmental organizations.

2) Cooperation on the International Level

a. ICRC — LEAGUE

In accordance with Article IV of the 1951 Agreement between the International Committee of the Red Cross and the League of

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Red Cross Societies, the two organizations consult each other and coordinate their activities, especially as regards the training of medical personnel.

In August 1963, a "Red Cross International Nursing Study Center" was jointly organized by the ICRC, the League and the Swiss Red Cross at Lausanne, as one of the Centenary events. Professional nurses and Red Cross voluntary aids took part in the discussions, and the Center successfully devoted a major part of its program to the Geneva Conventions.¹

At regular intervals, the League invites the ICRC to send representatives to the meetings of the League Nursing Advisory Committee. This provides an opportunity for the Delegates of the ICRC to draw the attention of its members to the necessity of diffusing the Geneva Conventions among nursing circles.

The ICRC was pleased to note Recommendation 2 adopted at the XVIth Session of the League Nursing Advisory Committee and subsequently ratified at the XXVIIth Session of the League Board of Governors. (August 1963). This reads as follows:

"The Committee recommends that, whereas it is important that all nurses be aware of the Red Cross principles and of their rights and obligations under the terms of the Geneva Conventions in times of armed conflict, it be therefore resolved that the Committee request the International Council of Nurses to consider including in the International Code of Nursing Ethics a clause to the effect that in time of armed conflict nurses will act in conformity with the Red Cross principles and the terms laid down by the Geneva Conventions of 1949."

b. ICRC — ICN

The International Committee of the Red Cross is permanently in close communication with the International Council of Nurses and, in March 1962, it invited the Chairman of the ICN to attend a special meeting at its Headquarters in Geneva. Various problems of common interest were discussed, particularly the training of professional medical personnel in general, in view of armed con-

¹ Cf. Report submitted to the Health and Social Commission of the Council of Delegates of the Centenary Congress—Geneva 1963.

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flicts. It was pointed out that each nurse should have an adequate knowledge of her rights and duties under the 1949 Geneva Conventions. The Chairman assured the ICRC of the ICN's interest and support in disseminating these.

c. ICRC — ICRCNMSW

The ICRC is also in close communication with the International Committee of Roman Catholic Nurses and Medico-Social Workers.

On one occasion the ICRC took advantage of its Secretary General's presence in Geneva to review all the questions of common interest. We were glad to find the utmost understanding as regards the teaching of the contents of the 1949 Geneva Conventions.

3) Cooperation on the National Level :

Wherever the National Societies of the Red Cross have been the first to set up secular nursing schools, close bonds have long existed between the Red Cross and the National Nursing Association, even in countries where other private or government schools were subsequently established.

Florence Nightingale, who advocated systematic nursing training and founded the first professional nursing school, in London, considerably influenced the development of nursing in very many countries which had close relations with Great Britain. At that time, the National Red Cross Societies in the English-speaking countries concentrated on training voluntary auxiliary personnel.

According to the organization and needs of the Army Medical Service, the National Society, as an auxiliary to the public authorities, recruits and trains medical personnel in the event of armed conflicts, natural disasters or epidemics. This involves establishing and maintaining relations with the professional nursing schools, which are beneficial not only to the Red Cross but also to nurses.

In cases where relations between the Red Cross and the Nurses' Association have not yet been established, it is essential that they should be. In case of armed conflict they should moreover be consolidated. It is not only wise but necessary for each National Society to forge these bonds in the interests of its country. They are important in sustaining the efforts to develop nursing on the national level, and acquainting all nurses with the provisions of

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the 1949 Geneva Conventions. Both the National Red Cross Society and the National Nurses Association benefit from close cooperation in favour of all whom they relieve.

V. TEACHING OF THE GENEVA CONVENTIONS IN NURSING SCHOOLS AND IN COURSES FOR VOLUNTARY AUXILIARIES AND FIRST-AIDERS

Under II, we mentioned the Governments' obligations as regards the dissemination of the 1949 Geneva Conventions.

We feel that they should give all necessary support to the National Red Cross Societies which are likewise ready to propagate the Conventions. These should have little difficulty in persuading the competent authorities to include the teaching of the rights and duties of military and civilian medical personnel under the four Geneva Conventions in nursing school syllabi; questions on this subject would be put during the nursing diploma examination (state registered nurse).

The National Societies which themselves run nursing schools must of course give a good example. All their courses for voluntary auxiliaries and first-aiders should at least provide elementary knowledge of the texts directly concerning medical personnel, in order to spread knowledge of the Conventions.

VI. TEACHING METHODS

If we want to teach the Geneva Conventions, we must remember that they did not spring from mere theories of humanitarianism. Both the Red Cross and the Geneva Conventions are the fruit of actual experience.

Since the days of Henry Dunant, each gesture of compassion and protection has been repeated again before being codified in international humanitarian law. It was experience, acquired in the most varied circumstances, which inspired the authors of the Conventions.

We must therefore somehow make this experience come alive by painting a vivid picture of situations in which the Conventions should be applied, and of what will happen to victims if they are not.

DISSEMINATION OF THE GENEVA CONVENTIONS

“What are the questions which interest everyone in case of a conflict?”

- the rights to which they could lay claim and the obligations incumbent on them
- the assistance and protection to which they could have recourse if necessary.

“What are the questions which could interest a nurse in particular?”

- the best conditions under which she could practise her profession,
- how the protection of her person, of the hospital where she is working, and of her patients would be ensured,
- how to obtain medical supplies and drugs if they run out,
- what precautions should be taken in arranging air transport of wounded patients,
- what classes of civilians would enjoy special privileges and protection,
- what would be her status and fate if she fell into enemy hands.

This type of question generally awakens response in nurses, firing their imagination and prompting questions to the person teaching the Conventions.

Exercises in “discussion groups” on the rights and duties of medical personnel will subsequently enable the nurse to find for herself the relevant articles in the four Geneva Conventions.

At the Red Cross International Nursing Study Center we proceeded as follows:

- a) A lecturer gave a general outline of the Geneva Conventions, laying emphasis on the various Articles dealing with nurses’ rights and duties.
- b) Afterwards, the audience was free to ask questions.
- c) The day before the practical exercise, each participant received an ICRC booklet entitled: “Nurses and the 1949 Geneva Conventions”, which she was supposed to study before group work began next day.
- d) In addition to this booklet, the leader of each group received an unabridged copy of the four Geneva Conventions, and a set of three or four problems describing situations in which

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a nurse or a group of nurses might find themselves, in the event of armed conflict.

- e) The groups made a joint study of the problems put before them, and discussed on the basis of the Conventions what would be the right thing for a nurse to do in a given situation.
- f) The answers and solutions to the problems were submitted, in plenary session, in the form of direct oral answers, dialogues, debates, role plays (socio-drama).

In a day and a half the participants, who were all Red Cross nurses and voluntary auxiliaries, representing some thirty countries, had gained satisfactory knowledge of the texts of the Conventions which concerned them, and can now continue to add to it.

They fully understood that the privileges granted to medical personnel also impose the acceptance of certain duties.

We have ventured to suggest a teaching method, but we are quite aware that there are others. In selecting problems and exercises the varying degrees of maturity of students attending such courses must also be borne in mind.

The ICRC will be glad to hear about the different National Society experiences in introducing this subject in professional nursing schools, and in voluntary auxiliaries', first-aiders' or even Junior Red Cross training courses.

**INTERNATIONAL COMMITTEE
OF THE RED CROSS**

**JOINT COMMISSION
of the
EMPRESS SHÔKEN FUND**

Geneva, April 11, 1965.

FORTY-FOURTH DISTRIBUTION OF INCOME

The Joint Commission entrusted with the distribution of the income of the Empress Shôken Fund met in Geneva on March 18, 1965. The Japanese Red Cross was represented by the Ambassador, His Excellency Mr. Morio Aoki.

The Commission noted the statement of accounts and the situation of the Fund at December 31, 1964, and confirmed that the balance available amounted to Sw. Frs. 23,649.85.

Several requests had been submitted for allocations from the forty-fourth distribution of income. In application of the remarks made in Circular No. 54 of April 11, 1963, concerning the disadvantages of making small allocations which generally do not permit the financing of projects, the Commission decided to grant to two Societies which had made application sums in excess of the amounts allocated at previous distributions.

Furthermore, the Commission confirmed its decision to submit an amendment of the Statutes to the XXth International Conference of the Red Cross.

The sums allocated are as follows :

Red Cross of the Congo : Sw. Frs. 10,000.—

for the purchase of a jeep ambulance.

Syrian Red Crescent : Sw. Frs. 12,000.—

for the purchase of a vehicle for the collection of blood donations.

The unused balance of Sw. Frs. 1,649.85 will be added to the income available for the forty-fifth distribution.

In accordance with Article 7 of the Regulations, the beneficiary National Societies are required to report in due course to the International Committee of the Red Cross or the League of Red Cross Societies on the use which has been made of the allocations received. The Joint Commission would like this report, accompanied by photographs if possible, to reach it at the latest by the end of the present year. It furthermore reminds beneficiaries of Article 6 of the Regulations which prohibits them from assigning the grant for purposes other than those specified without the previous consent of the Commission.

In accordance with the Regulations, the 1965 income will be distributed in 1966. The Central Committees of National Societies are now invited by the Secretariat of the Joint Commission to submit requests for an allocation.

The Joint Commission desires to remind candidates that such requests must indicate the precise purpose for which the allocation will be used, in order for them to be considered ; they must also, as far as possible, be accompanied by a plan of financing. Requests must be submitted to the Secretariat of the Joint Commission before December 31, 1965.

For the Joint Commission :

League of Red Cross Societies

*International Committee of the
Red Cross*

H. Beer

R. Siordet

J.-P. Robert-Tissot

J. Pictet

K. S. Seevaratnam

(Miss) A. Pfirter

EMPRESS SHÖKEN FUND

BALANCE SHEET AS ON DECEMBER 31, 1964

ASSETS		LIABILITIES	
	Sw. Fr.		Sw. Fr.
Swiss Public Securities estimated at par (Stock Exchange value Fr. 487,970.—) . . .	508,000.—	Inalienable capital	389,081.64
Cash at the Swiss National Bank, Geneva	21,088.24	Provision for market fluctuations	106,747.10
Administration fédérale des contributions, Berne (Tax at source, to be reclaimed) . .	4,361.20	Provision for administrative costs :	
		Balance brought forward from 1963	362.60
		Statutory attribution on the income in 1964 . .	787.75
			<u>1,150.35</u>
		Less : Actual administrative costs in 1964.	823.50
			326.85
		Funds available on December 31, 1964, according to accounts	<u>23,649.85</u>
		Total amount of fund	519,805.44
		Creditors (allocations to be withdrawn)	13,000.—
		International Committee of Red Cross assets on current a/c .	644.—
	<u>533,449.44</u>		<u>533,449.44</u>

INTERNATIONAL COMMITTEE

STATEMENT OF INCOME AND EXPENDITURE FOR 1964

	Sw. Fr.
Funds available on December 31, 1963	18,682.20
<i>Less :</i>	
Forty-third distribution of an allocation to one National Red Cross Society in accordance with the decision of the Joint Commission, February 28, 1964 (Circular No. 55 of April 11, 1964)	<u>10,000.—</u>
Balance carried forward . . .	8,682.20
Income on investments in 1964 . .	15,755.40
<i>Less :</i>	
Allocation of 5% of 1964 income to the administration of funds in accordance with Article 7 of the Regulations . . .	<u>787.75</u>
	<u>14,967.65</u>
<i>Funds available on December 31, 1964</i>	<u><u>23,649.85</u></u>

A DAY AT THE UQHD FIELD HOSPITAL

One of the ICRC nurses spent several months last year in the field hospital at Uqhd in the Yemen. Her personal notes during the period in which she carried out her humanitarian task are well worth reproduction here, for like the many articles and photographs which we have already published on the ICRC's action in the Yemen, they describe the difficulties of work in the desert but they also show how useful is this task, especially in respect of training nursing personnel.¹

Early one September morning. It is only 6.30 but already the canvas of the tents is hot under the blazing sun and in spite of the ventilator, the heat is barely tolerable. In the wards—a far cry from those of a modern hospital—the patients are preparing to face a new day. They are dressed in their own clothes in varying degrees of cleanliness ; at the foot of each bed is a dripping water bag ; on a number of empty cases is a mixed assortment of cooking utensils and food ; flies swarm everywhere.

And what about the patients ? Here for example Mahdi's right hand is slow to heal after an amputation of three fingers ; there, Mohammed Ali is suffering from a terrible osteomyelitis of the femur. Further on lie Caïd, Ahmed, and Al Chaïb, who were all three together when their lorry blew up on a mine : one has a broken elbow, another his legs riddled with shrapnel, the third a crushed tibia. Then, there is " Peter and Paul ", two great stalwarts of apostolic mien, friendly, both wounded on the same day, in the same spot by shots which shattered the right humerus of one, the left humerus of the other. There are also a number of Bedouins or Nadjaranis recovering from operation or accident as well as the " sadigs ", the escorts of one or several friends who accompany the patients, settle in at the camp and, taking advantage of Red Cross

¹ *Plate* : Nursing aids and wounded at the ICRC Hospital, Uqhd.

hospitality, "tend" their friends; that is to say bringing them food, occasionally doing their laundry, carrying their beds to the shade or the sunshine, to the clinobox or X-ray theatre as the case may be. At the beginning this swarm of attendants—helpful and unhelpful—was somewhat overwhelming, but one soon gets use to it and one even learns to appreciate it for all the chores it does for the staff.

After introducing the patients, it is time to present the Yemenite nursing assistants, Ismail, Ahmed and Mohamed. Ismail is more advanced than the others in nursing and is also the most competent of the three. Temperature charts no longer have any secret for him. It must be admitted that it is no mean task to teach a Yemenite to fill in a temperature chart properly. First of all, it is difficult for them to read European figures. Secondly they have no conception of date as we know it, they for example see no difference between the 5th and the 12th of September: mere days like any others. To make things easier the dates are written in Arabic and a simple calendar, also in Arabic, is prominently displayed in each tent.

After taking temperatures, cleaning is the next task. Each of the three sets to work. It does not seem difficult to sweep a tent, but tents like these are another matter! The floor is littered with obstacles ranging from rolls of blankets to sacks of millet flour. And naturally there is a lot to be removed. Apart from shovelfuls of sand and despite the fact that the patients know that they must not spit or throw refuse on the floor, there is always a pile of date stones, cigarette ends, and litter of all sorts. Although Ismail and Ahmed have mastered the art of sweeping, Mohamed has still difficulty in this field; almost every day he must be shown the forgotten corners. He just lacks experience, of course.

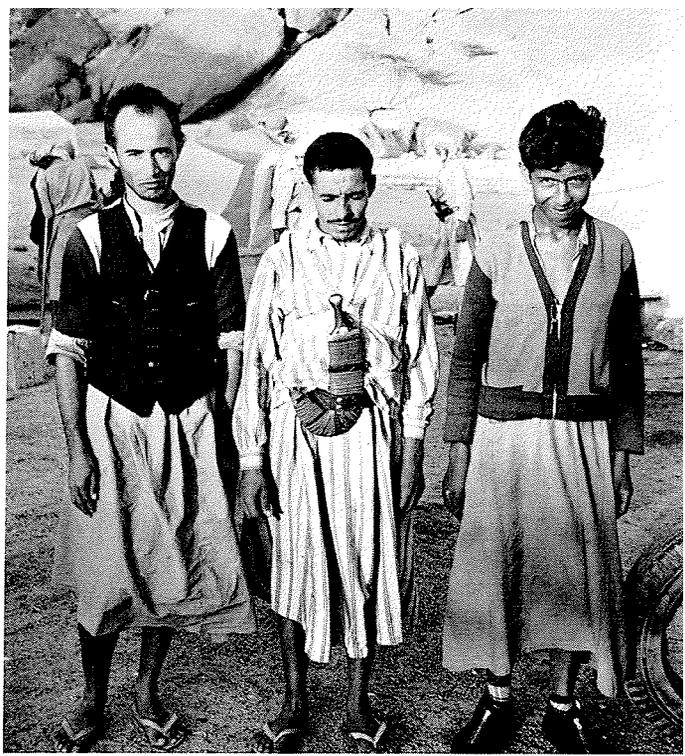
Now comes the most important part of the day's routine; changing the dressings. In the three tents preparations are made for this solemn, almost ritual act. After carefully washing and scrubbing our hands, squatting in front of the tent, the necessary material for dressing any wound, large or small, clean or infected, is set out on empty packing cases reserved for this purpose. As can be imagined no complicated and extensive equipment is used; we have the bare necessities, having adapted ourselves and our methods

INTERNATIONAL COMMITTEE

to the country. We must forgo the niceties of medical practice which would be observed in Switzerland ; we must adapt our methods to the Yemen. Our objective is to heal with the simple means we have available and we must not seek to complicate the task. That is why we have kept our choice of medical supplies, instruments and dressings to a minimum, bearing in mind that these nursing assistants will be called upon to use what new knowledge they acquire in their mountain retreats where they will be the only representatives of " medical science ". They must therefore be given the means of caring effectively for the many ills to which their compatriots are subject. Their initiation to this work starts in the hospital and that is why the changing of the dressings is so important. Stress is laid first and foremost on the need for asepsis. For the first few times, therefore, the nurse in charge—the " doctora "—dresses the wounds herself, explaining the while the reasons for her actions to the onlooking aspirant nursing assistants. When she is certain that they have grasped the simple actions she allows them to exercise their talents progressively more and more, correcting them ten, perhaps twenty times if necessary, when some ill-considered or clumsy action might detract from the strict cleanliness of the dressings. And this strictness, difficult as it is to maintain with the heat and fatigue, bears fruit. Miraculously, wounds both large and small, even those which were so infected as to give reason to consider amputation, heal slowly but surely. And the Yemeni are most impressed by these results ; they are easily convinced that our methods are effective. The seed of confidence is sown, it grows and strengthens, engendering co-operation. Everyone endeavours to play his part in the improvement of the general situation. The broom is applied with renewed vigour whenever necessary. Those who have been long enough to know the ropes pass on the elementary rules of hygiene to newcomers. The unkempt mop of hair of the warriors, a refuge for dirt and a breeding ground for vermin, falls under the awkwardly wielded scissors. The new-found cleanliness of clothes and bodies is a phenomenon to behold.

When the dressings have all been changed, injections are then administered. This is a job which seems to have a special fascination for the Yemeni nursing assistants. However, the number of

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Nursing aids.

AT THE ICRC HOSPITAL, UQHD.



Two of the wounded
and their "sadiq".

shots which they may administer must be kept to the minimum to avoid risks ; as far as possible we prescribe medicines to be swallowed. In this connection, incidentally, the Yemenite digestive system seems to be capable of taking anything ; it is very rare that medicines cause any side-effects.

It is now almost 11 o'clock and the morning's work is finished. Those on duty return to their quarters with a sigh of relief. The heat is terrible : 140° F. in the open. However, there is a slight breeze, raising here and there small clouds of fine pink sand. And then, suddenly, towards the end of the midday meal, a gust of wind gives warning of the forthcoming sand-storm : in less time than it takes to tell, tables, plates, food, the water in the glasses, are all sprinkled with sand which is gritty and sets teeth on edge. Within five minutes a nightmare is upon us. The Northern horizon is of an ocre hue. Copper-tinted whirlwinds are unleashed. Unsecured papers, boxes and clothing are blown about, empty tins roll around with a clashing and a banging. We protect ourselves as well as possible, which is not very well. The tent poles shake, the canvas creaks—will the tents stand the strain once again ? And the sand, sand, and yet more sand ! Despite closed eyes and tightly closed lips, one soon feels them blocked with sand. Breathing becomes insufferable. Perspiration adds to the discomfort and we wait ; that is all we can do. The sand piles up in and around the tents. With anxious hearts and set teeth we wait.

Then the wind begins to lose its continuity and violence ; it comes in gusts of declining frequency and strength, the cloud becomes less dense, the uproar slowly subsides. Finally, we can go out into the open. The camp is unscathed. It's over for today—and we have survived !

Towards 4.30 p.m. life resumes in the hospital. The wards are alive with activity. As it is no longer so hot, and as the shadows are lengthening, the " sadigs " carry their friends out of the tents which are still stifling. The time has come for physiotherapy. Indeed, these arms and legs, so long inactive, will soon have to recover their full use. Those cosseted lungs must have exercise. So now the gymnastics begin : one, two, one, two, raise this leg, lower it, raise it . . . and everybody counts in Arabic to encourage those undergoing the drill. This is also the time for a social get-together : talk is of the

INTERNATIONAL COMMITTEE

war, the wonders of Europe, of families and of sicknesses. This is an opportunity also to inculcate elementary ideas of anatomy and physiology in those who are interested. Soon the nurse is surrounded by perhaps thirty men from all over the camp, who come to listen or to express opinions. How friendly is this gathering, smiling and eager to learn, in an atmosphere of confidence and respect ; and the " doctora " would not refuse the glass of tea here, the cup of spiced coffee there, with a few dried dates to nibble at or some of those delicious Arab biscuits cooked on hot stones ; or perhaps she will be invited to partake in the communal dish highly flavoured by a sauce of pimentoes.

But what is the reason for this sudden commotion ? It is the Yemeni cook bringing in the inevitable spaghetti in tomato sauce. After the meal, comes the time for ablutions. All who are able congregate at the tap with their water bags, jerrycans, containers ; for this precious liquid being scarce, it is rationed. The tap is in use near the hospital tents for only 20 minutes each day . . . enough to drink but not much to wash ! Nevertheless, this is the time of the day which we have chosen to teach the nursing assistants to wash the patients properly. This is no easy matter. Their own method of washing is to pour a pail of water over their heads and to give themselves a cursory wash in the puddle ! When a patient is confined to his bed this is out of the question, even in this country where everything dries so quickly. They must also be taught the use of that appreciated but little known commodity, soap.

Night falls quickly in the Yemen. Soon the throb of the electric generator can be heard and lights go on one by one. Before leaving the patients for the night, there is one more task for the nurses : distributing sedatives. In the tents, card games are in progress ; the transistors are at full blast ; the remains of midday's rice is being eaten with fingers, while others patients are already settled down for the night.

Under the blankets of one of the beds two forms can be distinguished, but one is on the bed and the other beneath it. The " sadig " is on the bed, the patient underneath. He is not accustomed to sleeping above the ground and fears to fall whilst asleep. When the nurse appears to hand out the pills, everybody comes to life, groaning in pain. This situation calls for discretion, as the local

inhabitants adore taking pills and if they were not watched they would leave the hospital as addicts. Fortunately, one soon learns to distinguish between those who are really in pain and those who are shamming. The situation calls for some firmness !

After finally saying good night, the nurse makes her way out of the ward by stepping across the reclining patients to go to sleep beneath the stars ; the stars of the Yemenite sky. How they compensate for the trials of the sand-storm, the dirt, the flies and the heat ! There are a hundred, a thousand times more than in Europe. What luxury to stretch out to sleep in peace in this country racked by war, in a strange calm so near to these fierce warriors in the vastness of the desert under a panoply of stars.

EVELINE DARBRE

INTERNATIONAL COMMITTEE

EXTERNAL ACTIVITIES

Viet Nam

The general delegate of the International Committee of the Red Cross for Asia, Mr. André Durand, arrived in Saigon on February 13, 1965.

Together with Mr. Werner Muller, delegate, he was received by Dr. Phan-Huy-Quat, President of the National Council. The two delegates discussed with the head of the new Government the ICRC's relief action on behalf of the victims of the conflict.

They continued their representations to members of the Government of the Republic of Viet Nam concerning visits to places of detention and the dissemination amongst the armed forces of the provisions of the Geneva Conventions of August 12, 1949 on the protection of the victims of war.

On March 1 they were joined by Dr. Jürg Baer, doctor-delegate who had arrived from Vientiane.

* * *

The Cambodian Red Cross announced that it had, on February 12, handed to the Secretariat of the National Liberation Front of South Viet Nam at the Indochinese People's Conference held at Phnom-Penh, parcels and mail which the International Committee of the Red Cross had despatched to it for the American prisoners in the hands of the NLF and whose capture had been confirmed.

Laos

As we have already mentioned, Dr. Jürg Baer, delegate of the ICRC, charged until now with distributing relief received from the League of Red Cross Societies to the victims of the events in Laos, left Vientiane on February 27, in order to rejoin, in South

Viet Nam, Mr. André Durand, general delegate of the ICRC for Asia and Mr. Werner Muller, resident delegate in Saigon.

Before leaving, Dr. Baer handed over undistributed relief stocks to the Laotian Red Cross with which he had most effectively worked for more than six months.

Refugees from all the accessible provinces' had benefited from this action.

Yemen

Since the beginning of the year, the International Committee of the Red Cross delegation in the Yemen Arab Republic, has distributed relief supplies of food (whole milk, cheese, tuna, sardines, soap, cigarettes etc.) to various hospitals. The main beneficiaries were the inmates at the Soukh el Bagharr dispensary, the orthopaedic hospital, the Republican hospital, the girls school, the hospital and dispensary at Hodeida, the El Kalea prison, the school for orphans, the school for nurses and laboratory assistants, and the WHO dispensary as well as the Association of Yemeni Women.

In February, at Soukh el Bagharr, two ambulances with red cross markings (donated by the USSR) were made available to the delegation. They are in daily use in the poorer quarters of the town for the distribution of milk, cheese and soap. An ambulance also goes each day to various hamlets near Sanaa. In this manner the ICRC has distributed each day food for 200 outcasts of fortune.

Twelve months ago, the ICRC was distributing 500 kgs of milk each month in Sanaa. Today, the quantity amounts to 2 tons per month. The population highly appreciates the milk, and the cheese even more so.

* * *

The Swedish Red Cross has despatched 20,000 kgs of clothing to Hodeida. Eleven tons were immediately forwarded to Sanaa and the remaining nine will be distributed in Hodeida and Taiz.

During the course of a visit to Hodeida, the Minister of Health of the Yemen Arab Republic expressed sincere thanks to the ICRC.

* * *

An ICRC medical team, comprising Dr. Peter Möhr and nurse Josef Arnold, has installed itself on Republican territory in the locality of Wadi-Dahr, where the Ramdan tribe lives. The inhabitants of this place, where there is a former palace of the Imam, constructed on a rocky escarpment, have never before seen a doctor. Already on the day following the medical team's arrival 400 people came for consultation. Confronted with such numbers, it was decided that the medical team would attend to men in the morning and to women in the afternoon. The ICRC representatives also distributed milk and clothing, to the great satisfaction of the population.

* * *

During the forthcoming weeks this team will continue its activity in other localities in accordance with a plan drawn up jointly by the Minister of Health of the Yemeni Arab Republic and the ICRC delegation at Sanaa.

* * *

A further group of war disabled were flown to Cairo at the end of March. There they were hospitalized and received the necessary artificial limbs.

At the ICRC Hospital at Uqhd.—The activity of the ICRC hospital at Uqhd for the war wounded has again been intensified over the past few weeks. The number of patients admitted to hospital has remained constant with about 50, a third of whom have been direct victims of the war. From mid-February to March 10, 540 persons were given treatment in the policlinic.

* * *

Between February 21 and March 4, Dr. Staebler and Sister Violette Bernhard left Uqhd and made a tour of inspection of

villages in North Yemen where the outbreak of an epidemic had been reported.

On his return the doctor stated that this had been virus pneumonia but the epidemic could now be considered as suppressed.

* * *

Mr. Urs Amiet and male nurse Paul Holdener have made a series of visits to prisoners in the eastern sector. They handed relief to these, consisting mainly of clothing and cash.

They also gave 157 consultations to Yemenis as a result of which 13 sick were sent to the Uqhd hospital.

* * *

The head of the ICRC mission in the Yemen is continuing his representations on behalf of the Egyptian prisoners at present held in the Washa area.

A medical team, consisting of Dr. Rheinhold Wepf, surgeon, and a male nurse has again been installed in the western sector.

Federation of South Arabia

In February, Mr. André Rochat, head of the ICRC mission in the Yemen, spent a fortnight in Aden in order to make contact with the Government of the Federation of South Arabia and, amongst others, with its Minister of Foreign Affairs, Sheikh Mohamed Farid Aulaqui, as well as with the local British authorities.

During the course of this visit, the ICRC delegate was able to go to the Radfan area, North of Aden, where trouble had broken out several months ago. He there met several of the Radfan tribal chiefs.

Mr. Rochat also saw the policlinic service, available to the civilian population, at work in various places. He visited hospital establishments at Aden after having met Dr. Jones, Permanent Secretary to the Ministry of Public Health and Dr. Studzienski, Head Doctor of hospital establishments in the Federation. He could observe that a large proportion of patients are of Yemeni origin,

from South Yemen. These benefit entirely free of charge from medical care and surgical treatment, in the same way as the local population.

Cyprus

Thanks to contributions offered by twenty National Red Cross Societies, the delegation of the ICRC in Cyprus is continuing its relief action on behalf of the victims of the events. The beneficiaries are chiefly Turkish and Greek Cypriot orphans and needy children. In February, more than 1100 children of displaced persons or of the unemployed concentrated in villages near Nicosia and Kyrenia also received clothing. A similar action will be undertaken in Louroudjina, Paphos and Lefka.

Several distributions of clothing have also been made to the aged in old people's homes in Nicosia, Famagusta, Larnaca and Limassol. These were highly appreciated by the beneficiaries and the local authorities.

An incubator, offered by the Canadian Red Cross, was presented to the Turkish hospital in Nicosia, in compliance with its request.

In addition to the 400 tents, placed at the disposal of the ICRC delegation by the representatives of the British and US Governments in Nicosia, and distributed to displaced homeless persons, the delegate also handed to these beneficiaries 1100 mattresses offered by the United States.

IN GENEVA

New participants in the Geneva Conventions

The International Committee of the Red Cross has received from the Federal Political Department at Berne a communication informing it that the Government of Jamaica gave notification on July 17, 1964, to the Swiss Federal Council of that State's accession to the Geneva Conventions of 1949, accession which took effect on August 6, 1962, the date on which that country became independent.

Furthermore, the Republic of Gabon confirmed, by date of February 26, 1965, its participation in the Geneva Conventions, by a declaration of continuity. Gabon has considered itself bound to these Conventions since the date of its independence, that is to say since August 17, 1960.

Jamaica and Gabon are thus the 103rd and 104th States parties to the humanitarian Conventions of August 12, 1949.

ICRC Training Courses

From March 22 to April 2, the International Committee of the Red Cross organized its first training course for certain of its staff and a limited number of Swiss students prepared to make themselves available for service to the ICRC, in particular for missions abroad.

The courses were given in French by various senior members of the ICRC personnel. The general procedure was for each aspect of the ICRC's mission to be dealt with theoretically in a lecture followed by a discussion group and practical exercises. A number of delegates temporarily in Geneva also gave talks to the students on the rôle which they are called upon to fulfil.

This course, held at ICRC headquarters, was attended by some 40 people.

Guests of the ICRC

During 1964, the Visitors' Service of the ICRC received some 2,500 persons.

Many of these were members of National Societies of the Red Cross, Red Crescent and the Red Lion and Sun, representing more than 50 different nations: Afghanistan, Argentina, Australia, Austria, Belgium, Brazil, Cambodia, Canada, Chile, China, Congo, Czechoslovakia, Denmark, Ethiopia, Finland, France, Germany, Great Britain, Greece, Guatemala, Hungary, India, Iran, Iraq, Italy, Japan, Korea, Lebanon, Malaysia, Mexico, the Netherlands, New Zealand, Nicaragua, Nigeria, Pakistan, Peru, the Philippines, Poland, Rumania, Sierra Leone, South Africa, Spain, Sudan, Sweden, Switzerland, the United States, Upper Volta, Uruguay, the USSR and Yugoslavia.

Members of several governments and a number of diplomatic representatives to Geneva honoured the ICRC with a visit.

Youth groups displayed a lively interest in the films illustrating the ICRC's activities and in the guided visit to the Central Tracing Agency. Students from various Red Cross schools took part, as for example the members of schools for welfare workers, nurses etc., as well as university students from Switzerland and abroad, Boy Scouts and Girl Guides, and scholarship winners sponsored by such international organizations as UNESCO and WHO.

At the Central Tracing Agency

The Central Tracing Agency in Geneva, received a request from a person living in Paris, who had been without news of his family since 1918. He had left his parents, four brothers and two sisters in Russia.

He finally approached the consulate of the USSR in Paris which advised him to communicate with the International Committee of the Red Cross.

The Central Tracing Agency immediately sent a message to the address he had indicated. It was a neighbour who replied, informing him that his parents were dead, two of his brothers had

been killed in the war, but that the two other brothers as well as his sisters were alive. They had left the village. As a result of further enquiries, the ICRC received a letter from one of the brothers.

Searches undertaken in March 1964 were thus satisfactorily completed on June 24 of the same year.

* * *

An inhabitant of Kharkov, in the USSR, addressed a request to the Central Tracing Agency in Geneva to find her daughter by her first marriage who, born on March 8, 1922, left her native village in August 1943.

The Agency immediately contacted the International Tracing Service in Arolsen, an institution which is also administered by the ICRC. The ITS found that according to its records, the person sought had emigrated to the United States in 1949.

The American Red Cross was then consulted and it was able to trace the young woman. On December 15, 1964, it informed the ICRC of her present name (she had married in the meantime) and of her address. The American Red Cross added that she was extremely surprised and delighted to learn that her mother was still alive and she was eager to correspond with her. The mother has just thanked the ICRC for its intervention.

To make known the Geneva Conventions

The ICRC has drawn up a very brief summary of these Conventions, in addition to its various publications to promote their dissemination and which have been mentioned in earlier issues of the International Review. This summary is proposed as a basic minimum of instruction to the armed forces and is applicable in certain circumstances. The authorities concerned, none the less, have still a duty, in general, to give more detailed and complete instruction, in order to spread as widely as possible the knowledge of these humanitarian statutes to which 104 States are now signatory.

Essential Provisions of the Geneva Conventions

General rules

The object of the Geneva Conventions is to have the individual respected. They are based on a great principle, namely that persons placed *hors de combat* and those taking no active part in hostilities shall have their lives spared and in all circumstances be treated humanely.

The taking of hostages, executions without regular judgment, torture, and cruel or degrading treatment are prohibited acts against military personnel as well as civilians (Art. 3 ; III, 13 ; IV, 32, 34).

Also prohibited are reprisals against persons protected by the Conventions (I, 46 ; III, 13 ; IV, 33).

Protected persons must always be able to benefit from the activity of a Protecting Power or of the International Committee of the Red Cross (I-III, 8 to 10 ; IV, 9 to 11).

Wounded and Sick

The wounded and sick, both military and civilian, must be protected (I, 12, 15). This will also apply to medical personnel (doctors, nurses, etc.) and to chaplains, who for their part are bound to observe strict military neutrality (I, 24 to 27).

Protection also covers hospitals sheltering the wounded and sick, vehicles transporting them and the medical equipment allotted to them (I, 19, 32 to 36 ; IV, 16 to 22).

The emblem of the red cross (or of the red crescent) on a white ground is the sign of this protection. It can be employed for no other purpose whatsoever and must always be respected. (I, 38 to 44).

Prisoners of war

Military personnel and auxiliaries who are captured or who surrender must have their lives spared and at all times be treated humanely (III, 4, 13, 14).

They must in particular receive the necessary food, clothing and medical care (III, 15 to 30).

They must be able to correspond with their families.

The names of prisoners of war will be communicated by the capturing authority to the International Committee of the Red Cross in Geneva (Central Tracing Agency) which will be allowed to visit them and arrange for them to receive relief (III, 70, 72, 78, 123, 126).

If penal sanctions are taken against prisoners for offences committed before their capture, the International Committee of the Red Cross (in the absence of the Protecting Power) will be so informed. It will be authorized to follow the proceedings and assist them in their defence.

In the event of a death penalty being pronounced, the sentence shall not be executed before the expiration of a period of six months from the date on which notification of the sentence has been made to the International Committee of the Red Cross (III, 101).

Civilians

Civilian wounded and sick, civilian hospitals and their personnel, shall be the object of particular respect and may be placed under the protection of the red cross or the red crescent emblem (IV, 16 to 22).

The civilian population in occupied territory must, in so far as circumstances permit, be enabled to live in a normal manner. Deportations are prohibited (IV, 49).

Civilians may only be interned for imperative reasons of security. In such case camps will benefit from conditions at least of the same standard as those prevailing in prisoner of war camps (IV, 41 to 43).

In occupied territory, pillage is prohibited, as is the indiscriminate destruction of property (IV, 33, 53)

Undaunted against great odds

As everyone knows the 1964 Olympic Games took place in Tokyo last October. The universal interest they aroused again provided the measure of world enthusiasm for sports.

Following the games, another world-wide event took place in the Japanese capital; the Olympic Games for the Paralysed (or Paralympics). These began on November 8, 1964, at the Olympic village, with 370 participants (escorted by 200 attendants) from 22 countries: the Argentine, Australia, Austria, Belgium, Ceylon, Fiji, France, Germany, Great Britain, Ireland, Israel, Italy, Japan, Malta, Mexico, the Netherlands, the Philippines, Rhodesia, South Africa, Sweden, Switzerland and the USA.

These somewhat unusual games—sometimes called the Stoke Mandeville Games—were promoted by Dr. L. Guttman, Director of the British National Spinal Injuries Centre. They were first held in 1948, since when the number of countries participating has regularly increased. Today these Games include some fifteen different sports and in principle they are held in the same place as the Olympics themselves.

The competitors at Tokyo performed feats in the national and international contests specially organized for them and several records were broken. This is a fine example of endurance and determination which was given by men and women who, though victims of the ills to which the flesh is heir, refuse to submit, scorn seclusion, and persevere with fortitude to take their place as useful members of society despite their handicaps. And through sport they too add to the joy of life.

There was a noticeable manifestation of goodwill for these handicapped, by the youthful public especially among the Junior Section of the Japanese Red Cross who, as described below, were eager to contribute to the well-being of the participants in the

Games and who are already contemplating putting their experience to use for the benefit of the contestants in the 1968 Olympics in Mexico.

All competitors were dependent on two wheels which they manipulated with dexterity ; their determination and skill aroused general admiration among the audience of several thousand at the various competitions.

Directed by Mr. Kasai and Mr. Tanabe, respectively former and present executive Vice-President of the Japanese Red Cross, the Japanese Organizing Committee spared no pains for the welfare of the participants and to contribute towards the success of this international event inspired by a spirit similar to that of the Red Cross.

Changes were made in the Olympic village in order to facilitate wheel chair traffic : only the first floors of the houses were used, after altering the stairs by making the steps lower and installing special ramps ; cafeterias and restaurants served set meals at special prices while university students volunteered to act as waiters and waitresses. As a precaution, central heating by gas was replaced by electric heating, and in the theatre the seats were removed to make room for the wheel chairs. In addition, a special amphitheatre was erected with seating for 2,000 people.

We would also mention that sweeping and cleaning in the village was taken in hand by some thousand members of the Junior Red Cross.

* * *

This great event was the occasion of some impressive ceremonies, attended by the Imperial Royal Family. Speeches were made at the opening and closing ceremonies, and we give below a few extracts of Dr. L. Guttmann's address :

The torch of the 1964 Olympic Games has hardly been extinguished when another flame has sprung into life in Tokyo—a flame proudly lit by paralysed men and women who have come to the Olympic Village from all parts of the world to take part in their own Festival of Sport—the International Stoke Mandeville Games.

That it has been possible to hold the 1964 International Stoke Mandeville Games for the Paralysed in Tokyo is due greatly to the understanding of our Japanese friends, who had the vision to recognize

IN THE RED CROSS WORLD

the significance of these Games not only as an important sports movement but as a beam of hope for disabled people all over the world.

After expressing thanks to the Japanese Government, the Tokyo municipal authorities and various other official organizations, as well as for the Imperial Prince's keen interest, Dr. Guttman continued :

Most of you have travelled many thousands of miles to be reunited with our large family of paraplegics, and for many it has been no easy task to raise the money or overcome various obstacles which have stood in their path. Yet, with courage, determination and loyalty all barriers have been overcome, and I am sure that those who have been privileged to take part in the 1964 Games in Tokyo will carry rich experiences to pass on to paralysed sportsmen of the future.

At the closing ceremony Mr. Kasai made a speech in which he said, *inter alia* :

The International Stoke Mandeville Games will certainly contribute to the welfare of disabled persons through participation both by the teams and the spectators and by calling the attention of world society in general to the actual performances of the competitors. And I have the honour to bear witness to the significance of the present Games.

This is the time of the year in Japan when chrysanthemums bloom in the fields and mountains. It is our sincere hope that in this exhilarating climate of late fall, the competitors from all corners of the world will share mutual encouragement and friendship and thus contribute to true international fellowship.

Mr. Kasai concluded by expressing his "deep appreciation to all those who helped to make the present Games a reality". This reality seems indeed to have been first and foremost a beneficent experience, especially for Japan, which sees such games as an encouragement to promoting welfare for the country's disabled.

Trophies and medals were then awarded to a number of teams.

Mrs. Sachiko Hashimoto, Director of the Japanese Junior Red Cross, has sent us an interesting report on the work undertaken by the Japanese Red Cross and the interpreting service she organized. We believe it worthwhile to reproduce the main passages of this for our readers.

Before doing so we would say a few words about one of the Japanese sportsmen, Mr. Makio Suga, in order to show the moral

IN TOKYO



The Language Service of the Japanese Red Cross is needed
everywhere and at any time...

INTERNATIONAL STOKE MANDEVILLE GAMES FOR THE PARALYZED

IN TOKYO



... in promoting friendship through conversation among competitors
from various countries

INTERNATIONAL STOKE MANDEVILLE GAMES FOR THE PARALYZED

influence which sport can have on the handicapped. Although confined to his wheel chair, he trained for the Olympics. This young man of 22 competed with representatives of twenty-two nations in hockey, swimming and wheelchair slalom matches. He said " I was paralysed in 1961 after an accident I had when driving a mobile crane ; thanks to sport I can look at life from a different angle ; with more confidence. I practise sports for 2 or 3 hours a day and I am greatly helped by the staff of the Japanese National Centre for Rehabilitation and Occupational Therapy ".

* * *

This is what Mrs. Hashimoto wrote :

" We are all agreed that the 1964 Paralympics were a resounding success. 22 countries were represented by 377 competitors and 186 escorts totalling 563 people. The biggest team was from Great Britain with 105, the second biggest from USA with 89 and the third, from Italy with 47, except the host Japanese team of 84. The winner of the largest number of medals was the U.S. team which won 37 gold, 40 silver and 33 bronze medals, next, Great Britain with 23 gold, 24 silver and 24 bronze medals. The Italian team was third.

The games were held from the 8th to 12th November at the Olympic Village in Tokyo, the first Italian team arrived in the evening of the 4th and the last British team left late on the 18th. The village therefore was animated actually for a fortnight with signs of life of various kinds : competitors in colourful sportswear, but always busy rolling wheelchairs, rattling sounds of buses constantly going around the site, youthful figures in uniforms of the Self-Defence Forces willing to wait upon the wheelchairs and the young with the red cross emblem. They were unsparingly ready at any moment to help those participants in the Paralympics as soon as they were awake and until they were safe in bed, because they worked as volunteer interpreters and language is indispensable in every nook and corner of human life.

We could never, however, expect these 500 visitors to Japan to understand our language and an appeal was therefore made to the Junior Red Cross, which is the Red Cross in schools, where the

IN THE RED CROSS WORLD

desire to help one another is combined with academic requirements. It was indeed quite a challenge for us to meet this appeal.

On November 24, 1963, I heard the term " Paralympics " for the first time in my life at one of the Japanese Organizing Committees to which I had been invited, whilst the whole Japanese nation knows what Olympic games are. Naturally we did not have the resources to meet the needs of the Organizing Committee. A list was presented with requests for help. As we were part of the Red Cross I expected that it would be a question of medical services, instead of which we were asked to provide an interpreter service.

It was quite a surprise, but I soon understood that our traditional attitude towards the physically handicapped had been entirely false. They used to be taken care of in some sheltered corner in the name of charity, while the main objective of the Paralympics was not meant for public pity, but a real demonstration of the triumph of rehabilitation for a tremendous impact on the public.

Certainly the competitors coming a long way to Japan were rehabilitated enough not to need medical care. There was no difference in their difficulty from that of any foreigners visiting here, except the language difficulty. The need, however, could not be met by persons of good will or hands to help, but only by those who had studied in schools to be good bilingualists . . .

. . . Human beings are so made as never to be fully satisfied until their pleasure is united with another's. This is the Golden Rule and the basic principle of the Red Cross called " Humanity ". It is so basic that it will never change as long as a human being is born naked. Human life is interdependence as well as independence, while birds and animals are more independent as they are born with fur. Why don't we put more emphasis on this fundamental principle of life in basic human education for children? None of us is born educated. Every one has to start from zero in mind and heart. This education especially must be done through practice of volunteer services as early in one's life as possible, starting from home, then school and the community. The Red Cross has thus prepared many service programs, but coming back to the Language Service needed by the Paralympics, it is only the Junior Red Cross section that can meet the challenge.

I willingly accepted the responsibility of organizing a group of interpreters on a voluntary basis at the request of the Organizing Committee on the sport. In front of me there were 3 grades of organizing volunteers to tackle : Recruitment, placing, and training. I started with the 6 young students who had been doing volunteer office assistance, mostly translation of JRC albums. They were inspired enough to recruit ten friends more each. Iron must be struck while it is hot. We held the first gathering of sixty young people on the 7th of January 1964.

There were two problems then left to be solved : Places for training and trainers. For the former, I appealed to their parents through the youngsters to open their houses and succeeded in obtaining 6, so that ten students could meet once a week for two hours' practice in English conversation. For trainers I appealed to the American Red Cross in the name of President Shimadzu. Six original leaders and I tried to grab any English-speaking people who happened to pass our way and distributed to those six different groups in Tokyo. The first 4 months were the hardest period of trial and, bless their hearts!, those who helped us during the period. Her Imperial Highness Crown Princess Michiko is the first to be blessed and remembered. She has always been a good sympathiser of our Junior Red Cross, being an Honorary Vice-President of the National Society. On April 18th she volunteered to honour our first official meeting with her presence . . .

. . . We finally set up an examination system, assisted by the delegate of the International Committee of the Red Cross whose office was at our headquarters in order to deal with the repatriation of Koreans in Japan. And yet, this undertaking was still strange and difficult to understand by the Japanese mentality, for which "voluntary service" meant merely giving, regardless of the needs involved. In June we made a study tour of the Rehabilitation Centre at Hakone which later sent 27 competitors to the Paralympics.

As soon as the summer vacation started before students returned to their home towns, we organized an intensified four day's and three night's training course. There were included not only English conversation, with, incidentally, a 10 yen penalty for each Japanese word used, but the Red Cross principles, the Geneva Conventions,

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parliamentary procedure, sports terms, physical terms and study on volunteers. Again we were happy to receive valuable help from the American Red Cross. Nearly 20 American instructors took leave from their work to make our course a success. They just demonstrated what volunteering meant and how volunteers should work to make us learn by "Seeing is believing".

In a word, we followed the pattern learned and shown through those weekly and summer training programs, once the voluntary service for Paralympics finally started on November 4th. We were then 156 : 96 females and 60 males including 119 students, 23 workers and 14 mothers of families.

Those who welcomed national teams first on their arrival at the airport were the Language Service volunteers with leis of paper-folded cranes prepared by Junior Red Cross children, together with the Self-Defence Force men ready to carry them out of the planes and up into the buses. It was very inconvenient, for most of the in-coming planes arrived always very late in the evening. It took hours for loading and unloading those wheelchairs and their arrival in the village was at nearly midnight or even after midnight. While our Language Service airport team and hosts and hostesses assigned one or two to each national team accompanied the buses to the village, the other members on reception duty were waiting for them at the gate and led the buses to the village canteen where more Language Service volunteers were placed to look after them ¹.

The first night there were a certain number of canteen workers, who were also students on a paid basis. The next day, however, they refused to work extra hours without a bonus. Our volunteers then asked the cooks to prepare hot meals for new arrivals and offered to wait on them. Of course this was not included in the work of interpreters, but their volunteer spirit made them feel hungry when guests felt hungry. They were united in joy and pain, the tangible effect of the golden rule which is the strength of volunteers. There I did see the difference between a paid worker and a volunteer. The former works for money, by the hour, and stops at a set time, whilst the volunteer thinks always of the work and only

¹ *Plate* : At the Olympic Games for the Paralyzed, the Language Service of the Japanese Red Cross is needed everywhere and at all times.

stops when this is completed. It was indeed sometimes difficult for me to make these stop working, so dedicated were they to their work.

At the same time, however, I again realized how hard it is to do good voluntary work, that is to say according to real needs. For instance, it was most agreeable to have arrangements of flowers, but it was unnecessary to have too many. For the Olympic Games, properly speaking, beauty parlours had been prepared whilst there were none for the Paralympics. On their arrival women competitors asked where they could have their hair washed. A young future doctor in Keio University made searches in the neighbourhood and found one such establishment. He accompanied some girls in wheelchairs one day and returned with a broad smile of satisfaction. Their satisfaction was his pleasure. The next day was Thursday and the hairdresser was closed, to his great disappointment. He searched in the telephone directory and found one open in the Isetan Department Store. He asked the Defence Force to place a bus at his disposal. The result was that five girls had their hair arranged in the morning and seven more in the afternoon. It was the day of the closing ceremony. When they had all returned in time, he looked like a triumphant general and reported to me that the hairdresser had not charged anything for his work . . .

Life was not all rosy. But the more we saw the facts, the more impressed we were with the strength of the mind over the weakness of the flesh. This led us to discover the essential value of human dignity. Many of the participants well on their way to rehabilitation asked us not to push their wheelchairs from behind, but to walk beside them so that they could see us and enjoy our conversation. " We do not need pity ", they said, " but, understanding ". Indeed, to understand is to share their joys and their sorrows and also their struggles for personal dignity. This was done by the Red Cross volunteers who, when offering their services, humbly asked " May I stay with you? " and " Can I help you? "

These experiences greatly impressed us and will have had an influence over all our lives, especially those young volunteers who were of an age of much sensibility and idealism.

The Paralympics have now ended in Tokyo, but they still remain with us in our hearts. We will be meeting at the headquarters

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of the Japanese Red Cross to decide on our contribution to the next Paralympics which will be held in Mexico. Whilst the Olympic Games themselves are open to all athletes, this does not apply to the Paralympics. Here there is scope for mutual aid, friendship and co-operation. We should now help the Mexican Organizing Committee to be more successful than ours. For a start, we should send it the detailed report of our linguistic service. Since its language is Spanish, it may be in a better position than us, but they will still require interpreters. I would give the following advice for the proper organizing of a young people's service :

1. The program must be concrete, to enable Juniors to realize the practical value of their efforts.

2. Sufficient emphasis should be laid on their imagination and idealism to bring out their fighting spirit to meet the challenge. Too easy a task without the underlying meaning being understood is almost an insult to the young mind.

3. The adult members must have confidence in the younger ones, in those who have already been trained in established youth organizations. They should, from the beginning, invite them to join in planning and development and to take final responsibilities . . .

4. Group co-operation should be prepared to enable all to know individual contributions to final success.

5. Personal identification is necessary, which can only be achieved through personal contact and this will be of great satisfaction to each individual.

Thus by helping the Mexican Organizing Committee we would be repaying those who helped us for nearly a year. We are immensely grateful to all those who came such long distances in their wheel-chairs and to the escorts of the competitors who opened up a new aspect on life to 156 young people of the Red Cross of Japan ”.

A COMPETITION ON THE GENEVA CONVENTIONS

The efforts of the Japanese Red Cross to make the Geneva Conventions known in that country are common knowledge. We would mention, in passing, that the Japanese Radio contributes ; it broadcast a play from Tokyo in August 1964, depicting various situations to which the Geneva Conventions are applicable.

With the same object in mind, the Japanese Red Cross, in 1963, organized a competition intended to further knowledge of the Conventions among enlightened sections of the population. Competitors were required to submit treatises on one of the following subjects :

- 1.—*The Geneva Conventions and the humanitarian principles.*
- 2.—*The history and development of the Red Cross idea from its origin to the conclusion of the Geneva Conventions.*
- 3.—*The development of the humanitarian idea : its influence on the history of the Japanese Red Cross and the future of the Society.*
- 4.—*Can the Geneva Conventions constitute the basis of humanitarian ethics ? If so explain how.*
- 5.—*The Geneva Conventions as a factor for rapprochement among nations.*

The competition was a pronounced success ; 190 entries were received from 188 contestants.¹

The age of competitors varied considerably, ranging from 15 to 76. The professions also were widely represented, including

¹ 30 % of the participants chose theme No. 1 ;
25 % theme No. 2 ;
18 % theme No. 3 ;
17 % theme No. 4 ; and
10 % theme No. 5.

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teachers, doctors, soldiers, members of the police force, students, priests, lawyers, nurses, journalists, office employees, etc.

The jury to examine entries consisted of Mr. Masutaro Inoue, then Director of the Foreign Affairs Department of the Japanese Red Cross, Mr. Tōru Nakagawa, Director of the Treaties Bureau of the Japanese Ministry of Foreign Affairs, and Mr. Michel Testuz, ICRC delegate in Japan.

Prince Shimadzu, former President of the Japanese Red Cross as well as other dignitaries attended the official prize-giving ceremony.

The first and second prizes were a trip to Geneva where the winners were the guests of the ICRC and the League. The *International Review* mentioned in its issue of last July the visit of Mr. Kiichiro and Mr. Yoshito Sumiyoshi to the International Committee.

Another prize winner was Mrs. Yamanaka, whose entry was the inspiration for the play mentioned above which was broadcast by the Japanese Radio for the Centenary of the signing of the First Geneva Convention.

The Japanese Red Cross Society has just published in Tokyo, in Japanese, a book of 210 pages comprising the entries which received awards and the best of the runners-up.

The introduction to the book was written by Mr. Léopold Boissier, former President of the ICRC, and we give below a quotation of the main passages of his preface.

Like the rising sun, the inspiration of Japan's fine national emblem, the Red Cross sends forth a new light in the world.

This is expressed with intelligence and a spirit of humanity in the studies published by the Japanese Red Cross on the occasion of the Centenary of the Geneva institution.

It can be said that Henry Dunant's message polarized international law reflecting humanitarian ideas.

Till that time whatever was done to alleviate the suffering of war's victims depended on individual initiative stimulated by religion or legal doctrine but, strictly speaking, there were no

obligations common to States. The law of war was merely hypothetical.

The 1864 Geneva Convention was the start of a wide legal code which today lays down compulsory rules for all times and all countries.

Curiously enough, it was the provisions of a national law, contemporary with the First Geneva Convention, that led to the framing of international law along these lines.

Civil war was raging in the United States and, with the intention of minimizing the horrors of that conflict, President Lincoln promulgated a very humane set of regulations governing the conduct of armies in the field. These regulations provided the basis of international conventions which, like the Geneva Convention and mainly under the influence of the Red Cross movement, became what today constitutes international law.

Civil war also gave rise to the foundation of the Japanese National Red Cross Society in 1877, in order to alleviate the plight of the victims, and this Society's ceaseless work contributed to the development of ideas in favour of unqualified accession to the Geneva Conventions as they stand today.

This was most laudable and productive of great benefit ; the Centenary of the Red Cross is an occasion to show recognition of this.

Twelve studies selected from the many entries to the nationwide competition organized by the Red Cross are collected in this present volume . . .

Mr. Kiichiro Kosaka, who won the first prize, shows the position of the Geneva Conventions in contemporary international law and how its principles are equated to a humanitarian concept. He stresses the characteristic precept in favour of protected persons, such as the application of the Conventions to internal conflicts, the prohibition of reprisals against individuals, the abrogation of out-moded restrictive clauses, the positive provisions ensuring humane treatment. He concludes by replying affirmatively to the question : Can the Geneva Conventions constitute the basis of humanitarian ethics ?

Mr. Yoshitomi Takata first reviews the problem of international moral standards in the world of today. Then he goes on to examine the moral issues of war, with reference to the atomic bomb, and

shows how the hope of the world rests on the development of the principles enunciated by the Geneva Conventions.

Mr. Mitsusuke Nozaki stresses the scope of the Geneva Conventions on the national and individual levels.

Mr. Yoshito Sumiyoshi describes the present state of the law of war. He examines the inter-connection between the Geneva Conventions and peace and between the Conventions and humanitarian law ; his conclusions are similar to the two studies mentioned above.

Mr. Fusao Hanyu studies the implementation of the Geneva Conventions. He shows very closely how the principle of non-violence and respect for human dignity constitutes an advance in international relations.

Mr. Saburo Toyama's essay shows the fundamental structure of the Geneva Conventions then goes on to clarify the position of these Conventions in present-day and potential humanitarian law.

Starting from the idea expressed by Aristotle that man is a political animal, Mr. Takao Okuyama shows how the ethical rules of the Red Cross have become necessary for mankind.

After reviewing the humanitarian principles and stressing the importance of respect for human dignity, Mrs. Hiroko Endo boldly tackles the problem of sanctions provided for in the Conventions and she also shows the special place of the International Red Cross in the life of the people.

Mrs. Sonoko Yamanaka gives a very lively account of her personal memories and shows by reference to actual experience in 1942 how the Geneva Conventions can protect individuals when they are applied in all good faith by armed forces properly instructed in these regulations.

The third theme gives the authors an opportunity for highly interesting historical studies.

Mr. Kyuji Sato takes as his starting point the civil war which, as we already mentioned, gave rise to the foundation of the Japanese Red Cross ; he gives a summary of the history of this National Society and of the development of humanitarian ideas in Japan since that time. He describes the results achieved during the life of the League of Nations and the progress during what he styles the third period of the Red Cross.

Mr. Ikuzo Kikuci's essay referred to the origins of the Red Cross, recalling the great names of Florence Nightingale and Henry Dunant. In a particularly interesting chapter of his study of the evolution of ideas in Japan, he points out the "light of hope" for prisoners of war radiated by the spirit of Geneva and he concludes with a declaration of faith in the strengthening of protective regulations, especially those relating to non-combatants.

Finally, Mr. Giichi Fukushima draws analogies between Buddhism and the spirit of the Red Cross. He recalls what constituted the law of war in the Middle Ages and describes its evolution under the influence of Christianity and of Japanese Society, the spiritual life of which was inspired by Confucianism from the XVIIth century onwards. He concludes with a perspective of the future mission of the Japanese Red Cross and, with practical insight, he gives a bibliography to enable readers to refer to the works which he himself had consulted.

The importance of endeavours made in Japan, on the occasion of the Red Cross Centenary, to assimilate the spirit of the institution and to disseminate the essence of the Geneva Conventions among the public at large cannot be overstated.

It is therefore with great satisfaction that the International Committee of the Red Cross congratulates the authors of these essays and also the Japanese Red Cross itself, as well as all who participated in this competition.

This volume is a valuable guide for the implementation of the Geneva Conventions and the development of Red Cross ideas. As such it is destined to make its influence felt universally, for the Red Cross world will undoubtedly appreciate at its full value this important Japanese contribution to the common task.

AN EXAMPLE OF FELLOWSHIP

Towards the end of 1963, an air raid almost totally destroyed a village in the mountains of the Yemen. From one of the demolished houses, the persons removed were all dead except for a young man of 18.

With a shattered leg, he was taken to the field hospital set up at Uqhd by the ICRC. Several months of treatment to prevent the spread of infection in the leg proved to be of no avail and the decision to amputate above the knee had to be taken. This operation was successful and the wound healed quickly, but the ICRC doctors could not resign themselves to sending Nasser ibn Hussein, crippled as he was, back to his village, especially as all the members of his family, who could have helped him, had been killed in the air raid.

The War Disablement Section of the ICRC in Geneva was apprised of the case. It turned to the Lebanese Red Cross, describing the young man's unfortunate situation and asking if anything could be done on his behalf. The National Society replied that it would assume the cost of fitting an artificial limb, and an airline company, in turn, offered a free passage on one of its planes.

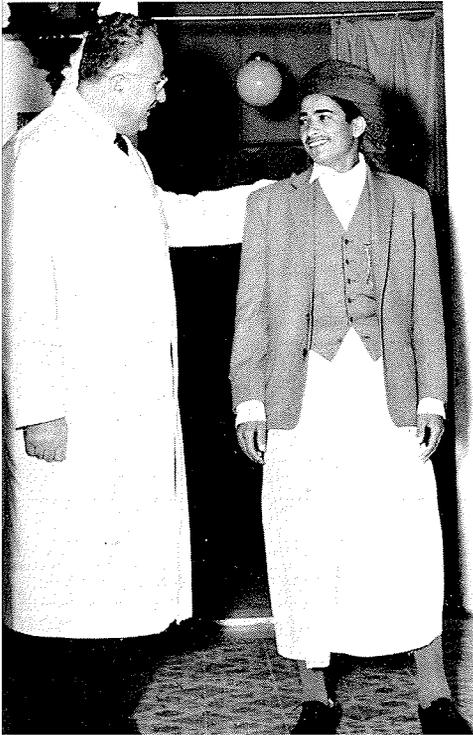
Thus it was that on February 24, 1964, Nasser ibn Hussein was received in Beirut by several members of the Lebanese Red Cross. Not only did this Society arrange for him to be fitted with an artificial leg; he was given constant care and provided with clothing. The photographs published here were taken on the young man's arrival at Beirut and at the moment of his departure and they are eloquent proof of the care lavished on him; they testify too to the international fellowship of the Red Cross movement¹.

¹ *Plate* : A Yemenite war casualty arriving in Beirut, which he leaves after having been fitted with an artificial limb by the Lebanese Red Cross.

One of the Yemeni war disabled being received by the Lebanese Red Cross...



IN BEIRUT



... which supplies him with an artificial limb.

A GLIMPSE AT THE RED CROSS IN LATIN AMERICA

Mr. José Gómez Ruíz, Deputy Director of the Junior Red Cross Bureau of the League, went some time ago to South America. There, he attended two meetings organized under the auspices of the League of Red Cross Societies and visited several National Societies whose various activities he was able to observe ; as he describes in the article which he has kindly written for the International Review.

The distance separating Geneva from Latin America is so great that information on the activities of the National Red Cross Societies in that part of the world is not infrequently incomplete. Anyone therefore who has the privilege of visiting these Societies is better able to realize what magnificent work they accomplish daily. The Red Cross in Latin America enjoys the respect and esteem of the population.

A National Society may transport to the military hospital a civilian patient whose state of health calls for treatment which can only be given in that hospital. This privilege has been granted to the Red Cross in recognition of the services given by its voluntary workers and it is a further testimony to the prestige of our institution.

Yet a further example may be given. The leaders of the Junior Red Cross, belonging to University circles, are called upon to give courses on the Geneva Conventions in the civil service schools for police officers. They are also responsible, in co-operation with the Red Cross nurses, for giving instruction to teachers in rural areas to enable them to qualify for the diploma of monitor of the Junior Red Cross. In addition, as the dynamic vigour and surety for the future of the Red Cross, they prepare television programmes of first aid instruction.

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The spirit of dedication displayed by these Societies appeared to me to be most striking during two regional meetings recently held in Peru—attended by National Societies from the North, and in Chile—attended by National Societies from the Southern part of the continent. The delegates resolved that one of the National Societies should undertake to co-ordinate the activities of other Red Cross Societies in a particular field (e.g. first-aid, Junior Red Cross, relief work, blood transfusion, etc.) and to submit a report to the next Inter-American Conference of the Red Cross which will be held in Bogota in November 1966.¹

This is something original: the National Societies have voluntarily agreed to accept instructions from a sister Society in a neighbouring country, in order the better to develop activity in a particular field. Is this not proof of a degree of maturity and agreement of which the Societies concerned might well be proud? It also illustrates the general desire to improve efficiency, to consolidate each day their position as auxiliaries to the public authorities and to be able the better to alleviate suffering everywhere and without discrimination. It is not to be wondered at that the first Red Cross Society on the American continent was founded in Peru in 1879.

The meetings at Lima in Peru and at Santiago de Chile were to my mind vivid demonstrations of the will to serve with which these National Societies are infused. The frank and forthright manner in which they described their work, their achievements and their failures, is the best proof that the Red Cross in Latin America is led by people who are conscious of their responsibilities and desire constantly to perfect their knowledge in order the better to accomplish the tasks incumbent on them.

To conclude this brief exposition, I would like to mention an incident which recently occurred in one of the South American countries. Following the decision of the Government to break off diplomatic relations with one of the other countries, the student bodies organized a protest meeting which soon degenerated into a riot. The police tried to disperse the crowd, of which a large section sought refuge in the University where it was "besieged". The

¹ It will be recalled that the Lima and Santiago meetings were held pursuant to a recommendation by the VIIth Inter-American Conference of the Red Cross at Puerto Rico; see *International Review*, January 1963.

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rumour spread that there were some casualties in this group and the population asked the Red Cross to intervene. After obtaining the agreement of the Government authorities, the leaders of the Red Cross were able to go into the University and then to give the authorities and the public an objective report on the true situation. They were also permitted by the Government to supply blankets to the people inside the University buildings.

One of the main aims of a Red Cross Society is, in my opinion, to win the full confidence both of the Government and of the people in its country. As can be seen from this incident, the National Society had succeeded in achieving this objective, and the events to which I have alluded show that the Red Cross in Latin America is a force to be reckoned with.

JOSÉ GÓMEZ RUÍZ

EXTRACT FROM THE STATUTES OF
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.¹

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be "Inter arma caritas".

ART. 4. — The special rôle of the ICRC shall be :

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies ;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition ;

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions ;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife ; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties ;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities ;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension ;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

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- ARGENTINE — Argentine Red Cross, H. Yri-goyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 *Flinders Street, Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 *Gusshausstrasse, Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, *Chaussée de Vleurgat, Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, *Boul. S.S. Biruzov, Sofia*.
- BURMA — Burma Red Cross, 42, *Strand Road, Red Cross Building, Rangoon*.
- BURUNDI — Red Cross Society of Burundi, P.O. Box 1037, *Usumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R *Ruelle Preak Bat Trasak Paem, P.O.B. 94, Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, *rue Henry-Dunant, P.O.B. 631, Yaoundé*.
- CANADA — Canadian Red Cross, 95 *Wellesley Street East, Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 *Dharmapala Mawatte, Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, *Casilla 246 V., Santiago de Chile*.
- CHINA — Red Cross Society of China, 22, *Kanmien Hutung, Peking, E.*
- COLOMBIA — Colombian Red Cross, *Carrera 7a, 34-65 Apartado nacional 11-10, Bogota*.
- CONGO — Red Cross of the Congo, 24, *Avenue Valcke, P.O. Box 1712, Léopoldville*.
- COSTA RICA — Costa Rican Red Cross, *Calle 5a Sur, Apartado 1025, San José*.
- CUBA — Cuban Red Cross, *Ignacio Agramonte 461, Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, *Thunovska 18, Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, *Platanvej 22, Copenhagen V*.
- DOMINICAN REPUBLIC — Dominican Red Cross, *Calle Galvan 24, Apartado 1293 San Domingo*.
- ECUADOR — Ecuadorean Red Cross, *Avenida Colombia y Elizalde 118, Quito*.
- ETHIOPIA — Ethiopian Red Cross, *Red Cross Road No. 1, P.O. Box 195, Addis Ababa*.
- FINLAND — Finnish Red Cross, *Tehtaankatu I A, Helsinki*.
- FRANCE — French Red Cross, 17, *rue Quentin-Bauchart, Paris (8e)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, *Kaitzerstrasse 2, Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, *Friedrich-Ebert-Allee 71, 5300 Bonn 1, Postfach (D.B.R.)*.
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 *Grosvenor Crescent, London, S.W.1*.
- GREECE — Hellenic Red Cross, *rue Lycavittou 1, Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3, *Calle 8-40 zona 1, Guatemala C.A.*
- HAITI — Haiti Red Cross, *rue Férou, Port-au-Prince*.
- HONDURAS — Honduran Red Cross, *Calle Henry Dunant 516, Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, *Arany Janos utca 31, Budapest V*.
- ICELAND — Icelandic Red Cross, *Ølduggøtu 4, Reykjavík, Post Box 872*.
- INDIA — Indian Red Cross, 1 *Red Cross Road, New Delhi 1*.
- INDONESIA — Indonesian Red Cross, *Tanah Abang Barat 66, P.O. Box 2009, Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, *Avenue Ark, Teheran*.
- IRAQ — Iraqi Red Crescent, *Al-Mansour, Baghdad*.
- IRELAND — Irish Red Cross, 25 *Westland Row, Dublin*.
- ITALY — Italian Red Cross, 12, *via Toscana, Rome*.
- IVORY COAST—Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 *Arnold Road, Kingston 5*.
- JAPAN — Japanese Red Cross, 5 *Shiba Park, Minato-Ku, Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 *Ka Nam San-Dong, Seoul*.

ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, Camp Johnson Road, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYA — Red Cross Society of the Federation of Malaya, Jalan Belfield 519, *Kuala Lumpur*
- MEXICO — Mexican Red Cross, Sinaloa 20, 4º piso, *Mexico 7, D.F.*
- MONACO — Red Cross of Monaco, 27, Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2*.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Nordeste, 305, *Managua, D.N.C.A.*
- NIGERIA — Nigerian Red Cross Society, 2 Makoko Road, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Tarapaca 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Rumanian People's Republic, Strada Biserica Amzei 29, C.P. 729, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA — South African Red Cross, 14 Holland Street, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus*.
- TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Kouznetsky Most 18/7, *Moscow k.31*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Triết, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, duong Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.